

FILED DEC 5 - 1957

STANDARD CERTIFICATE OF DEATH

40180  
STATE FILE NUMBER  
5429

Registration District No. 147 Primary Registration District No. 1002 Registrar's No.

|  |                           |   |  |   |   |
|--|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY JACKSON   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE KANSAS b. COUNTY WYANDOTTE |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN KANSAS CITY   |                           |   | c. CITY OR TOWN KANSAS CITY  |   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION VA HOSPITAL   |                           |   | d. STREET ADDRESS 712 S. Valley  |   |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First JOHN Middle WALDO Last APPLETON  |                           |   | 4. DATE OF DEATH<br>Month NOVEMBER Day 17, Year 1957   |   |   |
| 5. SEX<br>MALE   | 6. COLOR OR RACE<br>WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>JULY 31, 1899  | 9. AGE (In years last birthday)<br>58     | IF UNDER 1 YEAR<br>Months Days                                  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>BRICKLAYER  |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   |   |
| 11. BIRTHPLACE (City and state or country)<br>LINN CREEK, MISSOURI   |                           |   | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.   |   |   |
| 13a. FATHER'S NAME<br>DANIEL H. APPLETON   |                           |   | 13b. MOTHER'S MAIDEN NAME<br>JENNIE WOOLERY  |   |   |
| 14. NAME OF HUSBAND OR WIFE<br>ALLIE   |                           |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) YES WW II  |   |   |
| 16. SOCIAL SECURITY NO.<br>499 07 2776   |                           |   | 17. INFORMANT<br>Official Records VA Hospital, K.C., Mo.   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Bronchopneumonia.<br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Bronchogenic carcinoma, right lower lobe and<br>DUE TO (c) right middle lobe.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                           |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br>162h                        |
| 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   |                           |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)                                 |   |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m.  |                           |   |  |   |   |
| 20d. INJURY OCCURRED<br>WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>WORK AT WORK   |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |   |
| 21. Attended the deceased from Sept 27, 1957 to Nov 17, 57<br>Death occurred at 4:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.   |                           |   |  |   |   |
| 22a. SIGNATURE E. Faroughi (Degree title) M.D.   |                           |   | 22b. ADDRESS V <sup>h</sup> Hospital, K.C., Mo.  |   | 22c. DATE SIGNED 11-17-57                                       |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify)<br>Burial   |                           | 23b. DATE 11-17-57  | 23c. NAME OF CEMETERY OR CREMATORY<br>Maple Hill Cem.  |   | 23d. LOCATION (City, town, or county) (State)<br>Kans City Kans |
| 24. FUNERAL DIRECTOR<br>Dw Newberry Sons   |                           |   | 25. DATE RECD. BY LOCAL REG.<br>11-17-57   |   | 26. REGISTRAR'S SIGNATURE<br>new Marshall                       |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

E. Faroughi

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Robert E. Nelson .....

Licensed Embalmer No. 4849 .....  
P. O. Address A. C. H. S. .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.